Application or Docket Number												mber		
PATENT APPLICATION FEE DETERMINATION RECOF Effective October 1, 2003									10789041					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL PE	ENTITY	OR		R THAN . ENTITY		
TOTAL CLAIMS .				3			lr	RATE	FEE	٦	RATE	FEE		
F	DR .		NUMBER FILED		NUMBER EXTRA		8	ASIC FE	£ 385.00	OR	BASIC FEI	770.00		
T	OTAL CHARGE	ABLE CLAIMS	23 minus 20=		. 3			XS 9=		OR	XS18=	54		
IN	DEPENDENT (CLAIMS	6 minus 3 =		. 3		-	X43=		1		1		
MULTIPLE DEPENDENT CLAIM PRESENT										-IOR		258		
* If the difference in column 1 is less than zero, enter "0" in column 2								145=		JOR	+290=			
									L	OR	. –	1082		
ļ	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							OTHER THAN SMALL ENTITY OR SMALL ENTITY						
₹	//	CLAIMS REMAINING		HIGHL	ST	PRESENT			ADDI- TIONAL FEE	7	RATE	ADDI-		
		AFTER AMENDMENT		PREVIO PAID F		EXTRA	F	RATE				TIONAL		
	Total	. 23	Minus	-2	3		×	S 9=′		ÓR	X\$18-/			
	Independent • 6 Minus		# 6		e C	X43=		. /	OR	X96=	,			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								/	1	/200			
								145= TOTAL	L	OR	/+290= TOTAL			
<i>\</i>	(Column 1) (Column 2) (Column 3)									OR,	ADDIT. FEE			
THE PRESENT OF		CLAIMS REMAINING		HIGHE	51	PRESENT			ADDI-	1		ADDI-		
	•	AFTER AMENDMENT		PREVIO	USLY	EXTRA	R	ATE	TIONAL FEE		RATE	TIONAL		
	Total	.23	Minus	-2	3	2	X	s 9=	1,1-1	ея	X\$18•			
I	independent	. 6	Minus	6	0	8	X	سيق			X86=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR				
								45= 101AL		OR	+290=	•		
									<u>.</u>	OR ,	DOTT. FEEL			
T	`	(Column 1) CLAIMS		(Columi HIGHE:		(Column 3)	•	<u> </u>	·:					
		REMAINING AFTER AMENDMENT		PREVIOU PAID FO	SLY	PRESENT EXTRA	R/	ME	ADDI- TIONAL FEE	.	RATE	ADDI- TIONAL FEE		
Ŀ	Total	•	Minus	•			XS	9=		OR	X\$18=			
L	Independent	•	Minus eee			2	X4	3=			X86=			
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						H			OR				
* If the entry in column 1 is less than the entry in column 2, write "t" in column 3.														
#	the "Highest Nur the "Highest Nur	nber Previously Pai Tiber Previously Pa	ld For IN THE Ld For IN THE	S SPACE IS IN S SPACE IS IN	ess than	20, enter "20." 3. enter "3."	ADDIT	· · · · ·	. السمسان		TOTAL DOT. FEEL			
TI	16 Trighest Numi	ber Previously Peid	For (Total or	Independent) is the I	highest number	lound in 1	the app	ropriate box	in colu	mo 1.	i		
RM PTO-878 (Rev. 19/03) Patient and Trademark Office, U.S. DEPARTMENT OF COMMERCE														
	•	• :		•	•		•	•						
				•										